

**CITY OF MADISON
Alternative Work Schedule Request
(AWS Form)**

EMPLOYEE NAME:	DEPARTMENT NAME:
ALTERNATIVE WORK SCHEDULE REQUESTED	
REASON FOR AWS REQUEST:	
EMPLOYEE SIGNATURE:	SUPERVISOR APPROVAL SIGNATURE:
AGENCY/DEPARTMENT HEAD SIGNATURE:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	COMMENTS:
HR DIRECTOR SIGNATURE:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	COMMENTS: